

Types of Covid-19 Tests

There are two main types of viral tests that can be used to diagnose someone with COVID-19: nucleic acid amplification tests (NAATs) and antigen tests. A polymerase chain reaction (PCR) test is a type of NAAT. Please reference the Center for Disease Control and Prevention (CDC) COVID-19 Testing Overview [website](#) for the most up-to-date information on the types of COVID-19 tests.

Testing can be done by a participating school, healthcare provider or [DHEC testing site](#).

- Schools that are utilizing school-based testing should refer to the schools testing guidance. Also, consents must be obtained for any individual being tested at the school.

Diagnostic Testing

[Diagnostic testing](#) for SARS-CoV-2 is intended to identify the occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure.

- A student or staff member who develops symptoms of COVID-19 should be tested for the virus. *If a student or staff member does not get tested this could limit DHEC's ability to appropriately respond to new cases and ensure the health and safety of other students and staff.*

An antigen test, PCR test (nose or throat swab or saliva) or similar tests that directly detect the virus is required as there is delay in developing detectable antibodies. A negative antibody test is insufficient to rule out a new infection and a positive antibody test does not rule out the possibility of re-infection.

The presence of any of the symptoms below generally suggests a student, teacher, or staff member has an infectious illness, regardless of whether the illness is COVID-19. For students, staff, and teachers with chronic conditions, symptom presence should represent a change from their typical health status to warrant exclusion from school. Occurrence of any of the symptoms below while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic testing.

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for students with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New loss of taste or smell
- New onset of severe headache, especially with a fever

Schools should separate students with COVID-19 symptoms or COVID-19 diagnosis by, for example, placing students in isolation room/areas until transportation can be arranged to send them home or seek emergency medical attention.

If a COVID-19 diagnosis is confirmed, schools should report to Regional DHEC health authorities any COVID-19 cases among children and staff who were contagious with COVID-19 while on campus or attending an official campus event using established reporting processes.

- The following information is requested when reporting a COVID-19 case:
 - Name
 - Date of birth
 - Address
 - Whether they are a student or staff member
 - Contact information – phone number for staff or parent/guardian name and phone number for students
 - Location and date of test, if known
- DHEC will also notify schools of any reported cases that may have been contagious while on campus.
- Schools that are conducting school-based testing (e.g., BinaxNOW) should refer to that guidance for reporting information.
- All close contacts at the school will need to be identified. Close contacts of COVID-19 cases in schools do not need to be reported to DHEC.
- If 3 or more COVID-19 cases are identified within a classroom or other cohort of students (e.g. sports team or extracurricular group) within fourteen (14) days of each other, consideration should be given to excluding all unvaccinated students and staff in the classroom (or cohort of students) for fourteen (14) days after contact with the last identified COVID-19 case. These cases should be reported to the regional DHEC health authorities using established reporting process.

Close contacts to a COVID-19 case who develop symptoms should be tested as soon as possible to ensure proper isolation or quarantine.

- For example, a student's quarantine period is set to expire on the 10th of the month. However, they also developed symptoms on the 3rd and did not get tested, which requires them to isolate until the 13th of the month. They may not return to school until after the 13th.

Asymptomatic Screening Testing (Optional Program)

Some schools may also elect to use screening testing as a strategy to identify asymptomatic cases and prevent secondary transmission. Screening testing involves using SARS-CoV-2 viral tests intended to identify occurrence at the individual level even if there is no reason to suspect infection—i.e., there is no known exposure and no symptoms. Screening testing is intended to identify infected people without symptoms (or before development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. The intent is to use

the screening testing results to determine if it is safe to participate in in-person school or work, monitor disease occurrence in a group of students and/or staff, and to identify and isolate positive persons to prevent spread.

Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission. Screening testing for K–12 schools may allow schools to move between different testing strategies as community prevalence (and therefore risk assessment) changes. Screening testing could provide added protection for schools. For schools that offer it, screening testing may be done at any level of community transmission, but it would be most critical at levels of moderate (yellow), substantial (orange) and high (red) levels of community transmission. [CDC guidelines](#) recommend testing teachers and staff but not students at low (blue) levels of community transmission. Achieving substantial reduction in transmission with testing requires more frequent testing and shorter lags between test administration and reporting of results.

To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results. Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting pooled testing of cohorts. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

Screening testing in activities/sports

To facilitate safer participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools may consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools can implement screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events. Schools can use different screening testing strategies for lower-risk sports.

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

¹ [Levels of community transmission](#) defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

² The NCAA has developed a risk stratification for sports.

See https://ncaaorg.s3.amazonaws.com/ssi/COVID/SSI_ResocializationDevelopingStandardsSecondEdition.pdfpdf [iconexternal icon](#). Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are football and wrestling.

³High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

At-home self-testing

DHEC recommends caution when accepting results from at-home/over-the-counter self-test due to the possibility of improper specimen collection by the individual and misinterpretation of the result by non-medical personnel. As these tests have been approved for emergency use authorization by the FDA, a result should only be reported to DHEC if performed under the supervision of a healthcare provider (HCP) either in-person or virtual.

Below are recommendations on how to handle results from at-home self-tests by non-medical personnel. It is at the discretion of the school as to whether they will allow for self-reporting or proctoring of test administration for at-home self-tests.

No close contact with COVID-19

- If an individual reports that they tested positive on an at-home self-test and they are symptomatic, it is recommended that they isolate and contact their HCP. This individual should not attend school/childcare center for the recommended isolation period.
- If an individual reports that they tested negative on an at-home self-test and they are symptomatic, it is recommended that they contact their HCP and consider PCR testing within 2 days of the original test. This individual should not attend school/childcare center until they have met the criteria to return based on the DHEC exclusion list.
- If an individual reports that they tested positive on an at-home self-test and they are asymptomatic, it is recommended that the individual contact their HCP and have a follow-up test (PCR or antigen) performed by a healthcare facility/lab/participating school/childcare center. If there are 2 discordant antigen test results, a PCR test is recommended within (2) days of the original test.
- If an individual reports that they tested negative on an at-home self-test, the person can attend school/childcare center only if they are asymptomatic and have no known close contacts to COVID-19.

Close contact with COVID-19

- If an individual reports that they tested positive on an at-home self-test and they are symptomatic, it is recommended that they isolate and contact their HCP. This individual should not attend school/childcare center for the recommended isolation period.
- If an individual reports that they tested negative on an at-home self-test and they are symptomatic, it is recommended that they contact their HCP and consider PCR testing within 2 days of the original test. This individual should quarantine for the recommended period of time based on current quarantine guidelines.
- If an individual reports that they tested positive on an at-home self-test and they are an asymptomatic, it is recommended that they isolate and contact their HCP. This individual should not attend school/childcare center for the recommended isolation period. The individual may seek confirmatory testing via PCR and if negative, they must still quarantine for the recommended period of time based on current quarantine guidelines.
- If an individual reports that they tested negative on an at-home self-test and they are asymptomatic, they should have a follow-up test (PCR or antigen) performed by a healthcare facility/lab/participating school/childcare center. This individual should continue to quarantine for the recommended period of time based on current quarantine guidelines.

	At-home test Positive	At-home test Negative
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<i>Symptomatic w/o Close Contact</i>	Isolate Contact HCP	Excluded per school/childcare exclusion criteria Contact HCP/PCR test
<i>Symptomatic w/Close Contact</i>	Isolate Contact HCP	Contact HCP/PCR test Quarantine per guidance
<i>Asymptomatic w/o Close Contact</i>	Isolate Follow-up test Contact HCP	May return to school/childcare
<i>Asymptomatic w/Close Contact</i>	Isolate Contact HCP	Quarantine per guidance Follow-up test required for option to shorten quarantine

Resources

[CDC K-12 Schools and Childcare Guidance](#)

[CDC Antigen Tests Guidelines](#)

Antigen Test Algorithm for SARS-CoV-2 in Community Settings

